

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	71632	4/14
O.I.P.E. CLASSIFIER		78	4/16/99
FORMALITY REVIEW	CM	71632	4/23/99

# INDEX OF CLAIMS

Rejected N  
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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